

**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2**  
**Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)**  
**290 Broadway - 21<sup>st</sup> Floor**  
**New York, NY 10007-1866**

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification <b>2015.1007.18003</b>
I. TYPE OF NOTIFICATION (O = Original / R = Revised / E = Emergency) :			
II. FACILITY INFORMATION ( Identify owner, removal contractor, and other operator)			
OWNER: <b>Queens college</b>			
Address: <b>65-30 Kissena Boulevard</b>			
City: <b>Flushing</b>	State: <b>NY</b>	ZIP: <b>11367</b>	
Contact: <b>Jorge YAFAR</b>	Tel: <b>718-997-2853</b>		
REMOVAL CONTRACTOR: <b>microtect contracting corp</b>			
Address: <b>38 Kean street</b>			
City: <b>West Babylon</b>	State: <b>NY</b>	ZIP: <b>11756</b>	
Contact: <b>Peter Staiano</b>	Tel: <b>631-243-5559</b>		
OTHER OPERATOR:			
Address:			
City:	State:	ZIP:	
Contact:	Tel:		
III. TYPE OF OPERATION ( D = Demolition / R = Renovation) : <b>R</b>			
IV. IS ASBESTOS PRESENT? (Yes/No): <b>YES</b>			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Building Name: <b>New science Bldg</b>			
Address: <b>65-30 Kissena Blvd</b>			
Address:			
City: <b>Flushing</b>	State: <b>NY</b>	County: <b>Queens</b>	
Site Location: <b>Rooms 301, 303, 309</b>			
Building Size:	SqMeter:	SqFt:	
		# of Floors: <b>3</b>	Age in Years: <b>34</b>
Present Use: <b>college</b>	Prior Use: <b>college</b>		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>Bulk sample</b>			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Non-friable Asbestos Material not to be removed Category I      Category II	
Pipes - Linear Feet			
Pipes - Linear Meters			
Surface Area - Square Feet	<b>985</b>		
Surface Area - Square Meters			
Volume RACM off Facility Component - Cubic Feet			
Volume RACM off Facility Component - Cubic Meters			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: <b>10-20-14</b> Completion: <b>9-20-15</b>			
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start:      Completion:			

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

**X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**

IN tact Removal OF non Friable ACM via wet methods

**XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:**

ICR 56 - IN Plant operations

**XII. WASTE TRANSPORTER #1**

Name: Codi TRANSPORTATION

Address: 72 Allen Blvd

City: Farmingdale

State: NY

ZIP: 11735

Contact Person: DON

Telephone: 631-694-6001

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

ZIP:

Contact Person:

Telephone:

**XIII. WASTE DISPOSAL SITE**

Name: Southern Alleghenians

Address: 843 Miller Pickens Road

City: Davidsville

State: PA

ZIP: 15928

Telephone: 814-479-2483

**XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW**

Name:

Title:

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

**XV. FOR EMERGENCY RENOVATIONS**

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

**XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:**

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).

Signature of Owner/Operator

Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Signature of Owner/Operator

Date